29 West Avenue P.O. Box 98 Essex, Connecticut 06426 860-767-4343 FAX 860-767-8509

APPLICATION FOR SOIL TESTING - LOTS/SUBDIVISIONS EXISTING LOT \$20,00/LOT NEW SUBDIVISION \$40,00/LOT FEE SCHEDULE: LOCATION: _____ MAP: ____ LOT: ____ STREET LOCATION (IF ASSIGNED): ___ NUMBER **TOWN** STREET EXISTING LOT: ____ YES NO. OF LOTS TO BE CREATED _____ OWNER NAME: PHONE: ADDRESS: SURVEYOR NAME: _____ ENGINEER NAME: ____ ADDRESS: ADDRESS: LICENSE NO.: ____ LICENSE NO.: SYSTEM INFORMATION RESIDENTIAL **ENGINEERED SYSTEM** COMMERCIAL CT DEP APPROVAL INDUSTRIAL CT HEALTH DEPT. APPROVAL PLEASE SUBMIT THE COMPLETED APPLICATION TO THE ESSEX HEALTH DEPARTMENT WITH FEE PAYMENT AND A SITE MAP SHOWING EXISTING OR PROPOSED LOT LINES. IF THERE IS AN EXISTING DWELLING ON THE PROPERTY, SHOW WELL AND SEPTIC LOCATIONS. APPLICANT SIGNATURE: _____ **NAME DATE**

FICE USE:	FEE PAID:	DATE	CHECK NO
	DATE OF TESTING:		